

Supporting Information

Gillet et al. 10.1073/pnas.1111840108

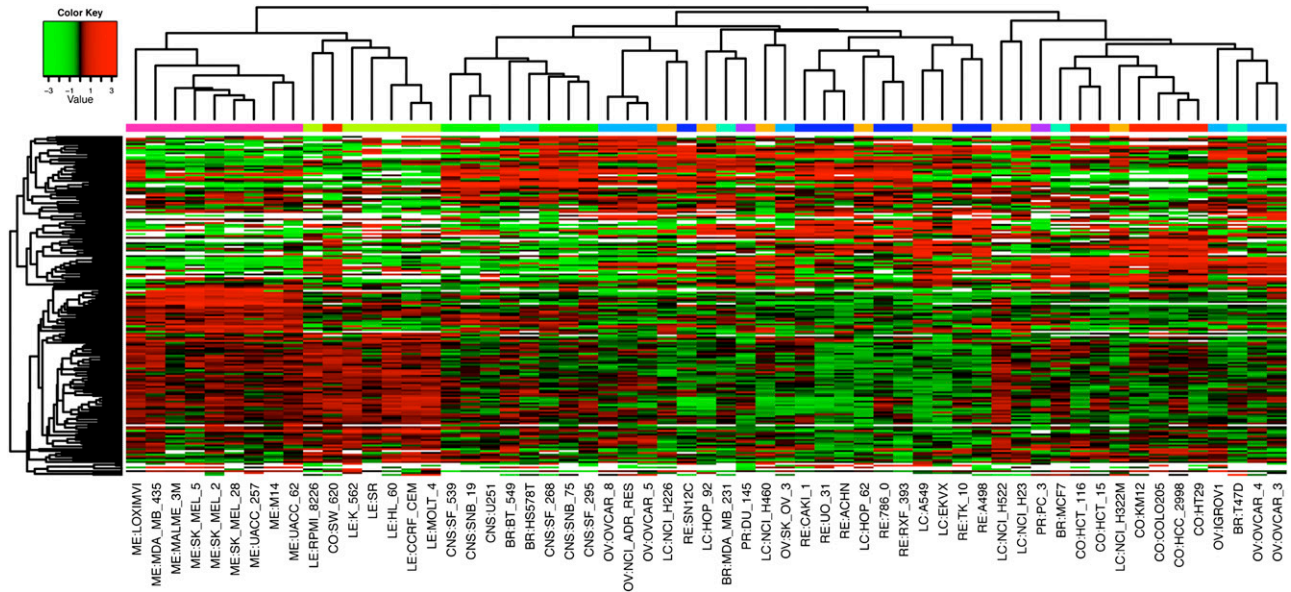


Fig. S1. Heterogeneity among the cell lines within a tumor type of the NCI-60 panel. Hierarchical clustering performed using 185 genes that are found differentially within the nine cancer types representing the NCI-60 panel. x axis: magenta, melanoma; light green, leukemia; dark green, CNS; turquoise, breast cancer; blue, ovarian cancer; orange, non-small cell lung cancer; dark blue, renal cancer; purple, prostate cancer; red, colon cancer. The y axis shows gene clustering.

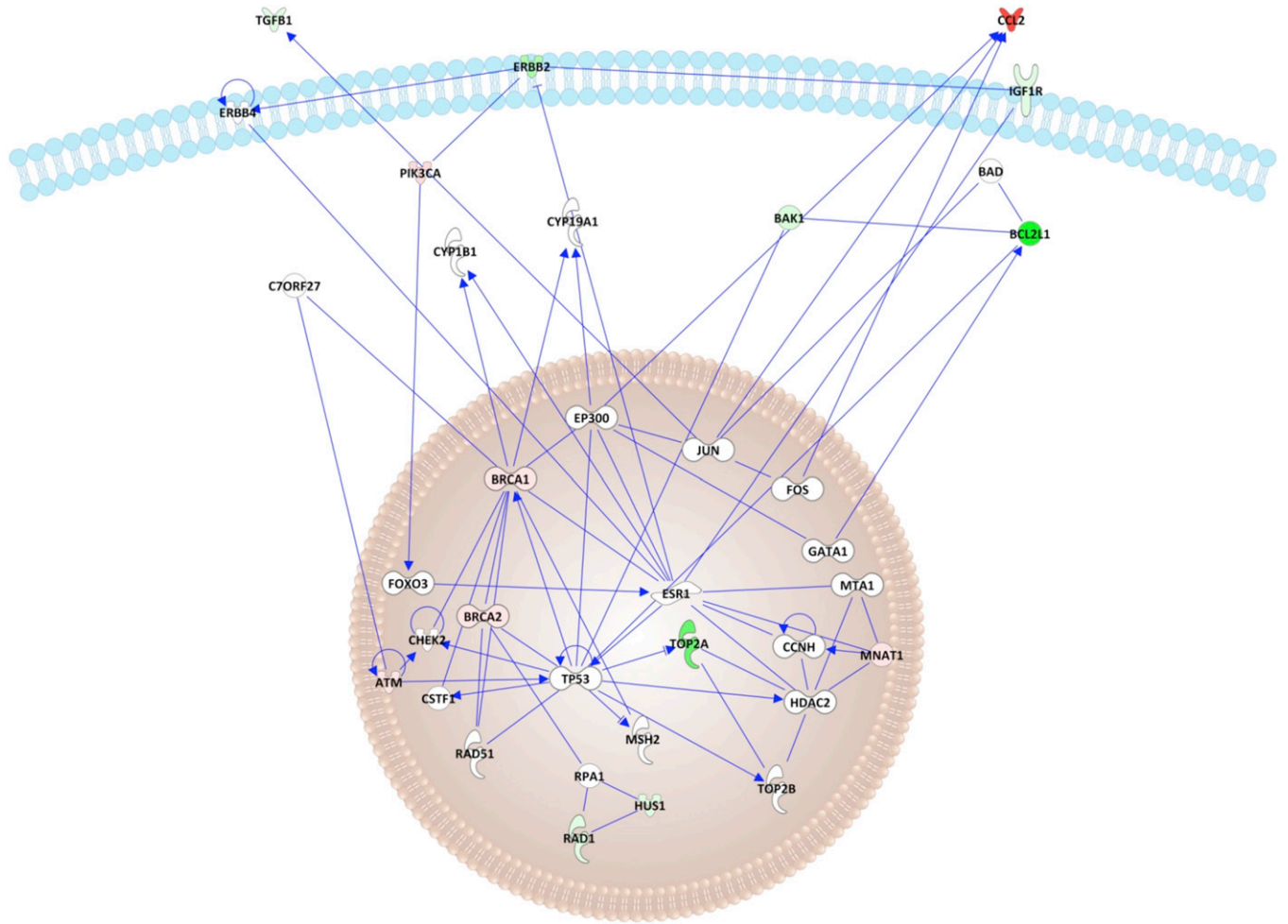


Fig. S2. Pathway analysis of the gene signature found in the ovarian cancer cell lines of the NCI-60 panel. The highest-ranked pathway derived from the IPA software indicated the activation of the p53 pathway.

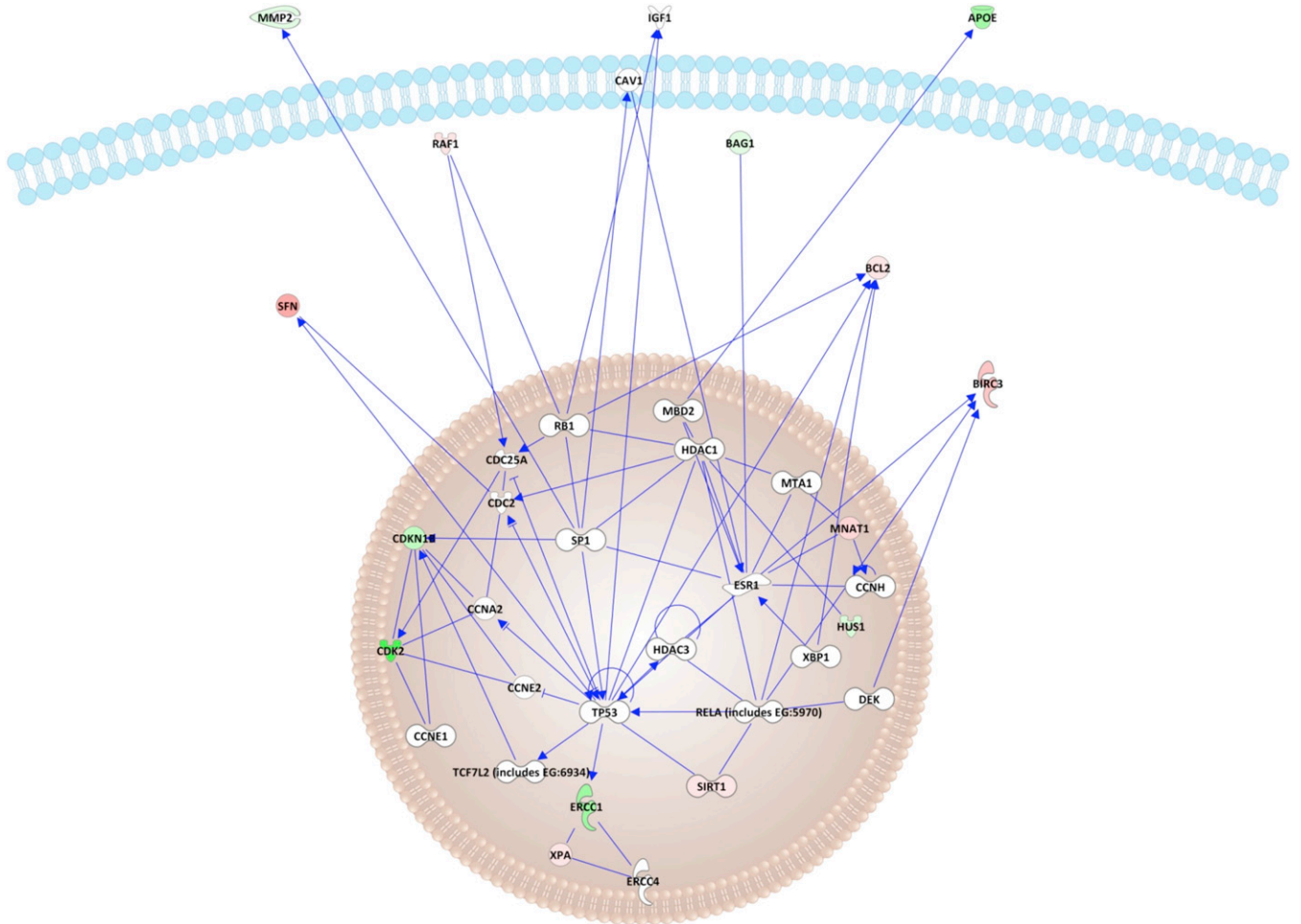


Fig. S3. Pathway analysis of the gene signature found in the melanoma cell lines of the NCI-60 panel. This was the second highest ranking network derived from the IPA software analysis.

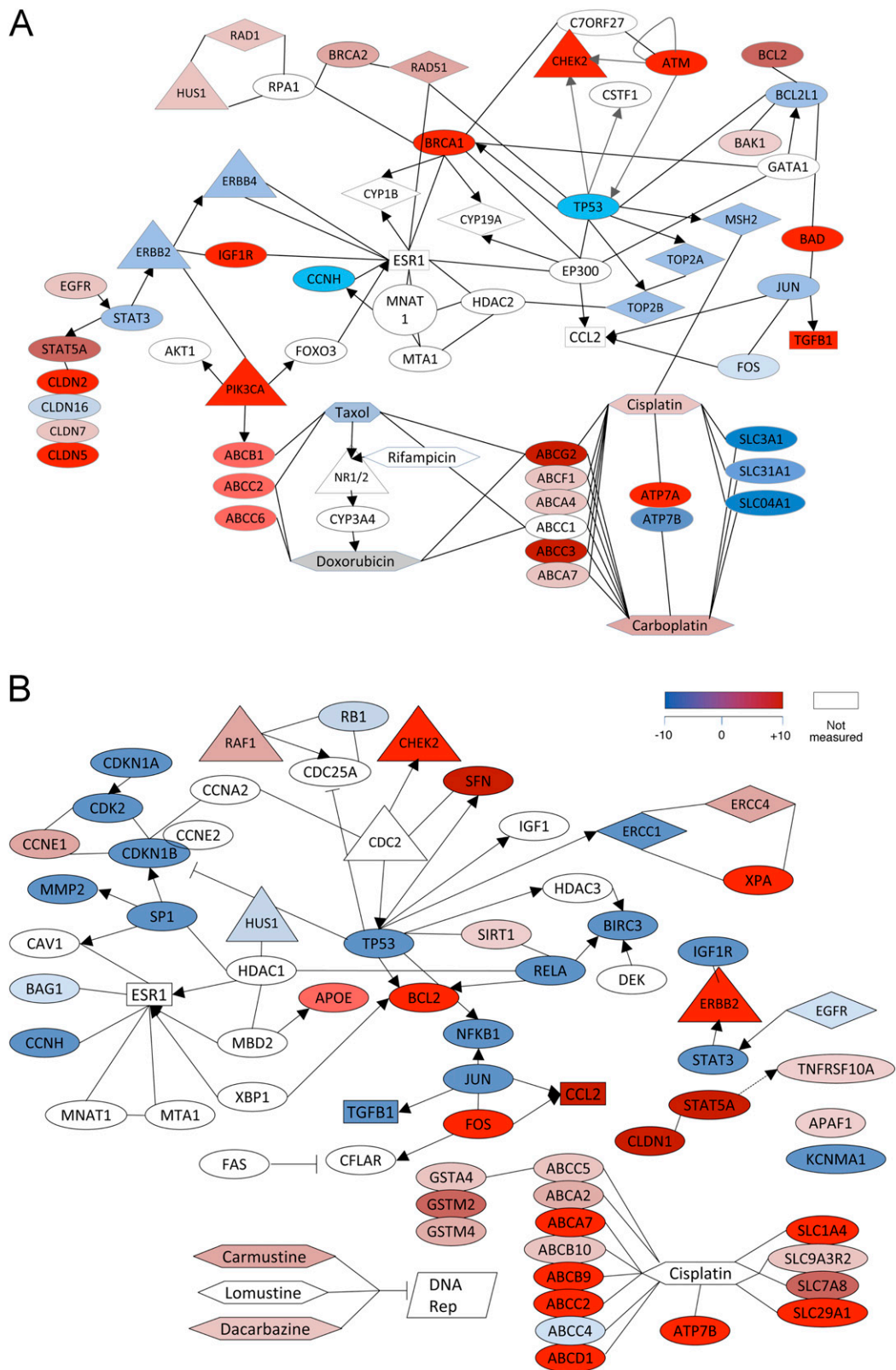


Fig. S4. Pathway analysis of the gene signature found in the ovarian and melanoma cell lines of the NCI-60 panel. Pathways enhanced using SIMUSITE (BioPhase Systems) (A) Pathway of the ovarian cancer cell line, IGROV-1 as a model. (B) Pathway of the melanoma cell line, Lox-IMV1.

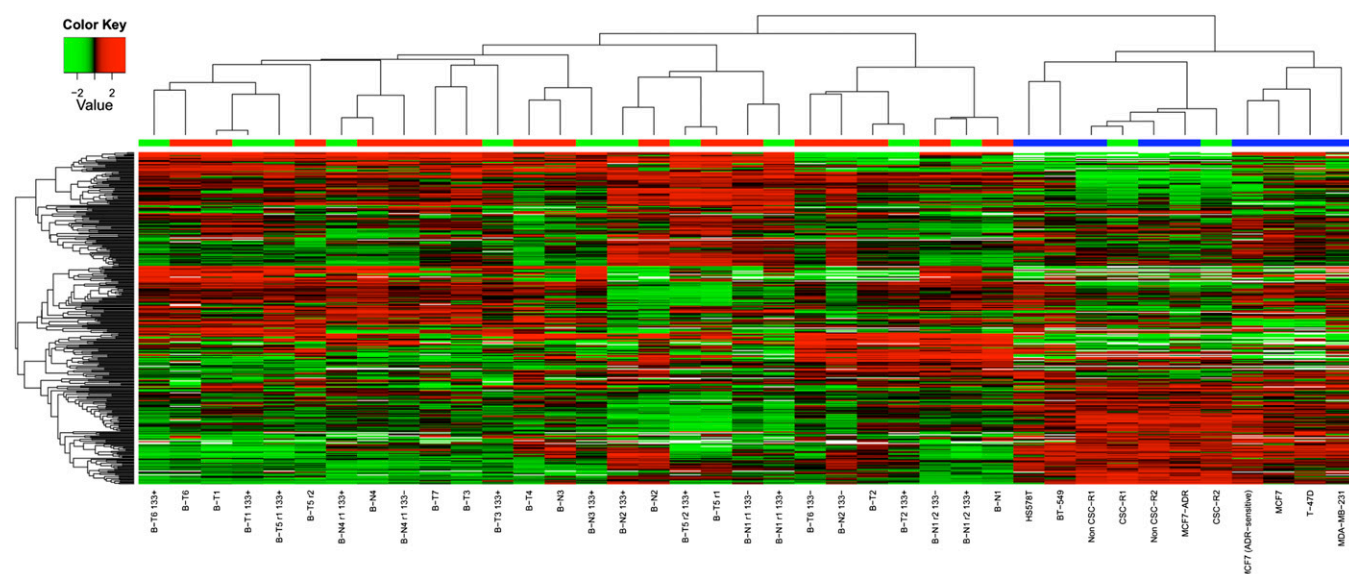


Fig. S5. Hierarchical clustering (using the average linkage algorithm and 1-Pearson correlation as the distance measure) reveals two distinct clusters that discriminate between the *in vitro* models (cancer cell lines of the NCI-60 panel) and the clinical samples. Gene expression profiles of CD133⁺ cancer-stem-like cells (green bars) isolated directly from surgical samples were not distinguishable from those of the breast cancer as a whole, and were different from those of either stem-cell-like populations found among MCF-7 drug-resistant cells, the entire population of MCF-7 cells, and other cultured breast cancer cells. Heatmap of seven clinical samples of breast cancer, four samples of normal breast tissue (red bars), and seven breast cancer cell lines (blue bars), including two replicates of isolated cancer stem-like cells (green bars) from MCF7-ADR-resistant cancer cells. Replicates were also performed for clinical samples and are labeled "r". Cancer stem-like cells were isolated from clinical samples by using the following method: Tumors and normal tissues obtained from the Cooperative Human Tissue Network were weighed and washed in ice-cold RPMI containing antibiotic and antimycin medium. The tissues were minced and incubated in a medium containing collagenase IV (2 mg/mL and digested for 4–6 h at 37 °C in a water bath. The digestion was carried out for 2 h in a 50-mL tube, and the volume varied between 5 and 25 mL, depending on the size of the sample. The suspension was filtered with a 100- μ m filter to remove cell debris. The suspension was kept at 5 °C to remove the fat material forming a ring at the top and incubated for 20 min at 37 °C in solution containing Accutase (1 mg/mL), then filtered with a 40- μ m filter and centrifuged at 100 \times *g* for 10 min. The pellet was washed and resuspended in HBSS/BSA. The resuspended cells were incubated with CD133-conjugated beads without azide (50 μ L of beads per 10⁷ cells) at 0 °C for 30 min. The CD133⁺ cells were finally isolated by using MACS separation columns as per the manufacturer's instructions (Miltenyi Biotec). Unattached cells that passed through the column were labeled CD133⁻.

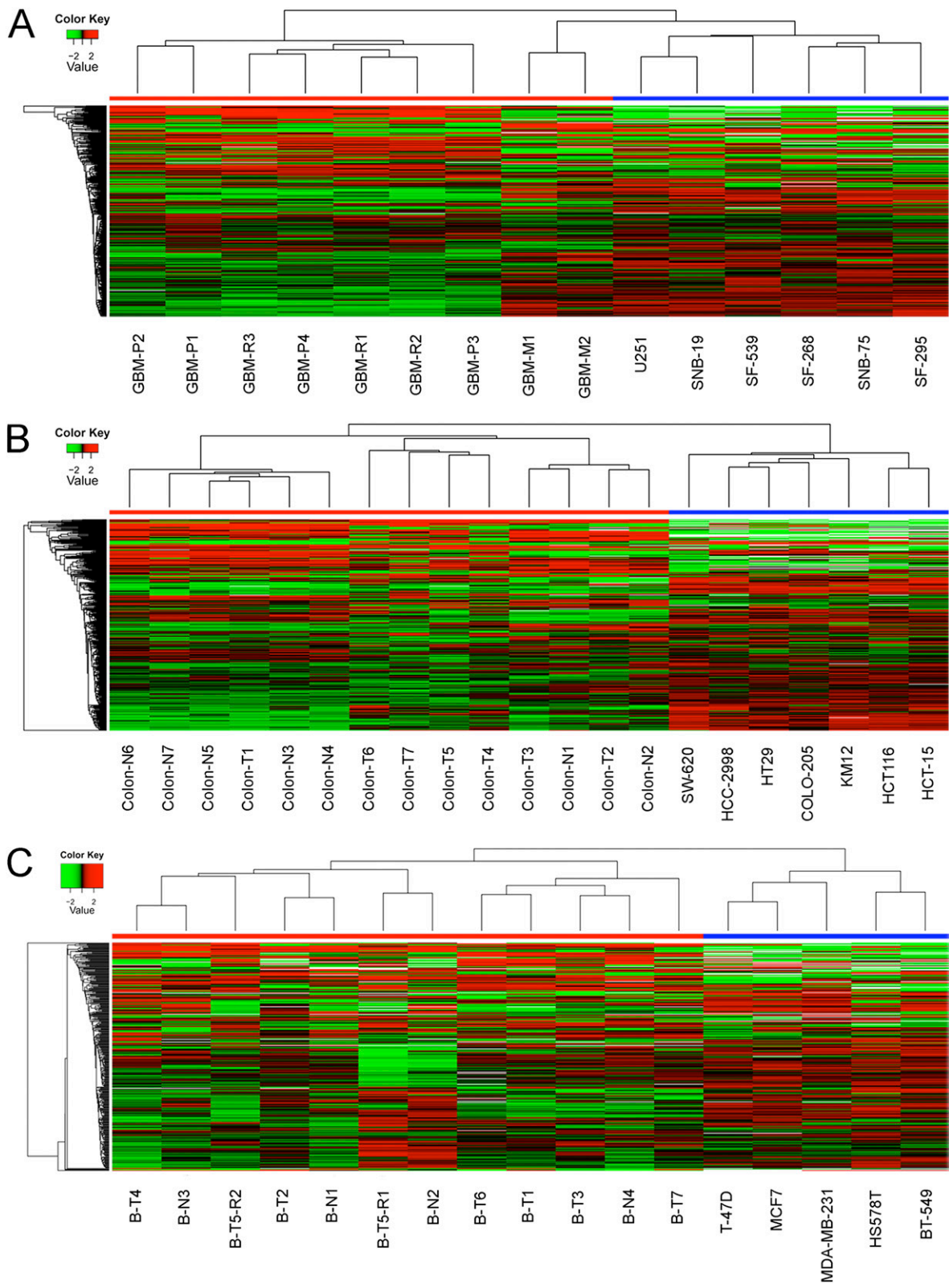


Fig. S7. (Continued)

Other Supporting Information Files

[Table S1 \(DOC\)](#)

[Table S2 \(DOC\)](#)

[Table S3 \(DOC\)](#)

[Table S4 \(DOC\)](#)